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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/936,040	12/11/2001	Ichio Yudasaka	110554	7811

7590 10/03/2003
Oliff & Berridge
PO Box 19928
Alexandria, VA 22320

EXAMINER

SEFER, AHMED N

ART UNIT	PAPER NUMBER
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2826

DATE MAILED: 10/03/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

Interview Summary

Application No.

09/936,040

Applicant(s)

HIRAKATA ET AL.

Examiner

A. Sefer

Art Unit

2826

All participants (applicant, applicant's representative, PTO personnel):

(1) A. Sefer.

(3) _____

(2) Yong Choi.

(4) _____

Date of Interview: 24 September 2003.

Type: a) ☐ Telephonic b) ☐ Video Conference
c) ☒ Personal [copy given to: 1) ☐ applicant 2) ☒ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.

If Yes, brief description: _____.

Claim(s) discussed: 19.

Identification of prior art discussed: Kawachi et al (JP 64-25573).

Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: _____.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required